SAINT BARTHOLOMEW'S HOSPITAL

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TURNING BACK THE PAGES

December comes again and with it the time when Editors sit back and review the year which is past. A year of steady progress in the change-over from war to peace, coloured by festival and darkened by the loss of old friends. A year which has seen the retirement of so many members of the senior staff and their replacement by younger men, the return of the Pre-clinical Students to Charterhouse Square and the re-organisation of the medical curriculum, the formation of new clubs and societies and the revival of pre-existing ones, and Bart.'s itself regaining much of its former beauty as the blast walls come down and the windows go back in their frames.

1946 may well be remembered for its anniversaries of which there were many—far too many for us to do full justice to them all: the 600th anniversary of View Day, the 400th anniversary of the Refounding of the Hospital, the 150th anniversary of the Abernethian Society, the jubilee of the introduction of X-rays into the Hospital, and the centenary of the introduction of anæsthetics—or to be more precise on a much disputed point—the 100th anniversary of the first use of ether and the 98th anniversary of the first use of chloroform in the Hospital.

The main event of the year was the Commemoration of the Fourth Centenary of the Second Foundation of the Hospital, held on May 8th and attended by their Majesties the King and Queen. There were criticisms; that the whole affair was in the nature of a pompous and unnecessary advertisement; that centenaries lose caste when held at intervals other than 100 years and that since we had commemorated the eighth centenary of our Foundation in 1923 the present festivities were to say the least — excessive. There were others who read into the proceedings a certain political significance—who saw it as a defiant gesture in the face of the National Health Service Bill: Bart.'s — the Mother Hospital of the Empire—flaunting her centuries' old tradition and determined to resist to the uttermost any attempts to destroy an individuality of which she is justly proud. I suspect that a certain Professor, who suggested we send a copy of the Commemoration Number of the JOURNAL to the Minister of Health, saw it in this light. But whatever our views as to the necessity for, or the motives behind the celebrations, we could not but admire the way in which the arrangements were carried out. Few of those present will ever forget that rainy day in May: flags flying over the Henry VIIIth Gateway; the covered way between the Gateway and the Memorial Arch, carpeted and heavy with the scent of flowers; the colourful scene in the Church with Robert Morley magnificent as Henry VIII and an acutely self-conscious staff even more magnificent in full academic dress. It was a cruel trick of fate which kept Mr. McAdam Eccles away from the Festival he was so largely concerned in planning.

The Abernethian Society has ben celebrating its 150th session and a Commemoration Dinner and Ball was held in the Savoy Hôtel on April 5th, with Lord Horder presiding. Princess Elizabeth was invited to attend—she

did not. The return of students to Bart.'s, combined with a more interesting bill of fare, made for better attendances at the Society meetings during the session. In fact Mr. Vick and Dr. Harris, both dealing with different aspects of Hospital History, were able to keep their audiences so interested that even the St. Albans contingent remained to the end, forsaking its usual custom of retiring furtively, though noisily, through the back door in time to catch the 6.35. The year has seen the formation of a South Wales Bart.'s Society and the revival of other clubs, including the Swimming Club, the Alpine Club, the Fencing Club and the Music Club, to all of which we extend our best wishes. The Hockey Club is to be congratulated on winning the Inter-Hospitals' Hockey Cup for the second year running.

The Preclinical Students returned home to Charterhouse Square in April—to buildings sadly blitzed and only temporarily repaired and to a grass square, "which can never be safely used as a short cut from one part of the college to another and which until further notice cannot be safely used at all." The clinical course has been lengthened by six months to enable students to hold appointments in the medical and surgical special departments. Since previous teaching in these special subjects was extremely scrappy, the new arrangement has on the whole been well received.

During the year the Hospital has lost some of its most distinguished members in the deaths of: Sir Walter Langdon-Brown, Dr. J. D. Barris, Dr. W. S. A. Griffith, Dr. Robert Klaber, Dr. J. G. Porter Phillips and Mr. W. McAdam Eccles.

With the ending of the war came the retirement of many of those members of the senior staff who had carried on beyond the normal retiring age and the list of retirements for 1946 has been long, mainly on this account. Among the retiring physicians were: Dr. A. E. Gow, Dr. George Graham, Dr. Geoffrey Evans, and Dr. A. C. Roxburgh; among the surgeons: Mr. Harold Wilson (who retired at the end of last year), Mr. J. E. H. Roberts, Mr. R. M. Vick, Dr. M. Donaldson, Mr. Bedford Russell, Sir Harold Gillies, Mr. Atkinson Fairbank and Mr. Kenneth Walker; and of the X-Ray Department—Dr. N. S. Finzi. We shall miss them all — for their fads and fancies, their funny stories, their gentle encouragement and their not so gentle curses, but above all for their great wisdom and judgment based upon a lifetime of experience. Most of them will continue to serve the Hospital as Governors, Consultants or in an Emeritus capacity. The list of new appointments has been correspondingly long and was printed in the June number of the JOURNAL. Since then we welcome the appointment of Dr. R. M. B. MacKenna as Physician to the Skin Department and that of Dr. Kemp Harper as Radio-Diagnostician to the Hospital.

The usual shortages of labour and materials have been holding up repairs to the Hospital and Medical College, but definite progress has been made. All the wards in the King George V Building, with the exception of those on the ground floor are now open, Charterhouse Square is functioning, the large Students' Laboratory in the Pathology Block has been refitted, the College Library is open, blast walls have disappeared, glass has returned to the windows and there is a general cleaning and painting programme in operation. Even the Abernethian Room has been cleaned and shorn of its years' old coating of grime is almost unrecognisable. The opening of a Clinical Lecture Theatre in the Hospital itself obviates the necessity for that mad evening scramble to Charterhouse Square. It is to be hoped that students will be able to present for lectures earlier and in a better fed and less dyspnœic condition than has hitherto been possible.

And what of the JOURNAL? A special Commemoration Number was published in July; the annual appeal for more contributions was published in April. Whether the latter has been in any way responsible for the marked improvement in quality of the material now reaching us, it is difficult to say. At all events contributions have improved and this, combined with an increased allowance of paper, has enabled us to produce what we are pleased to think is a better JOURNAL. The headquarters of the JOURNAL have been moved to the Library, where the continuous hum of activity from our corner of the room has been said to keep the readers awake. It had long been obvious that we had outstayed our welcome in the College Office and the joint threats of Dr. Harris and Mr. Morris to evict us—forcibly if necessary—eventually materialised. One morning we arrived to find the JOURNAL desk dumped unceremoniously in the passage outside the Library, minus the Editorial swivel chair which had been stolen (or as they put it —"reclaimed") by the College Authorities. However, we are very happy in our new home —but it would be nice to have that chair and swivel round and round in the way that real Editors do.

REGENERATION OF NERVE

by J. Z. YOUNG, F.R.S.,

Professor of Anatomy, University College

From an address given to the Abernethian Society, November, 1946

When a nerve fibre has been interrupted the peripheral portion degenerates and many new branches are put out from the central end. The fate of these branches depends on the pathways which are open to them. If the nerve has been crushed and not completely severed, the supporting tissues (neurilemmal tubes) may be left after the injury, the axons alone being interrupted. In these circumstances the new fibres have optimal opportunities for returning to their old pathways, growing down directly through the tubes. It has long been known that after interruption of nerve conduction without severance of continuity the recovery may be exceptionally rapid and complete. Seddon has suggested the name *axonotmesis* for such an injury, and one of the major problems of nerve surgery is to distinguish between nerves damaged in this way and those in which the supporting tissues as well as the axons have been interrupted, the condition which Seddon calls *neurotmesis*.

Before we deal with methods for making this distinction, we must discuss another problem about the fate of the numerous fibres growing down into their end tubes after axonotmesis. Their full recovery is of course not complete unless they grow up from the tiny fibres of 1μ in diameter which first grow out to the large medullated fibres, which may be as much as 20μ in diameter. It has recently been discovered that this recovery only occurs in those fibres which make contact with the periphery. Thus if a nerve is crushed and also

severed lower down the new fibres which are not allowed to return to their muscles will remain very small, whereas others similarly crushed but allowed to return to the muscle rapidly grow towards the normal. There is therefore some influence which passes up the nerve fibres from the periphery (sense organs can apparently work as well as muscles), but at present we have no indication of the nature of this effect.

Although there is thus some means of regulating the growth of those fibres which make successful connections there is no mechanism which ensures that after neurotmesis any nerve fibre shall be directed back to its old end organ. Analysis of events at the margin or suture line produced after union of the ends of the nerve stumps showed that the Schwann cells grow out from the periphery towards the central stump. They thus make bridges along which the nerve fibres growing from the central stump can reach back towards the periphery.

It is obviously of great importance to encourage the formation of this framework of Schwann cells and the work of Weiss suggests that this is best done by light tension at the point of union, which will orientate the growth of the cells along the lines of stress. Under the most favourable circumstances, however, there is bound to be great confusion at the point of union so that even if very many branches are put out by the central fibres it will be rare for one of them to return to its appropriate end organ. It must be remembered that even in a simple nerve to a muscle there are at least six different types of fibre (somatic motor, spindle motor, annulo-spiral sensory, tendon organ sensory, pain, sympathetic).

When a nerve is damaged by trauma it is not easy to decide whether axonotmesis or neurotmesis has occurred. Continuity of the nerve may be preserved and yet so much damage be inflicted on the supporting tissues that no satisfactory pathways remain for the outgrowth of new fibres, and in such circumstances it is necessary to remove the damaged stretch of nerve.

On the other hand recovery is much better after axonotmesis than neurotmesis, since there is no confusion of pathways, it is therefore undesirable to sever a nerve surgically unless this is undoubtedly necessary. Unfortunately we cannot allow indefinite waiting before a decision is made. This has often been the practice in the past, but while the patient and surgeon wait hopefully for the signs of recovery the muscles are undergoing atrophy and the joints becoming stiff. There is now experimental as well as clinical evidence that recovery does not occur so successfully when fibres return to their end organs after a long delay. The muscle fibres shrink and become surrounded by fibrous tissue which hinders the return of the nerve fibres and may prevent re-union altogether. After very long periods of wasting the muscle fibres break up and disappear altogether. Although we know too little of the rate at which these changes occur there is reason to think that they become serious in man after some months. Therefore the earlier a nerve suture is performed the better; with, however, the proviso that it is not convenient to suture nerves immediately after injury when it is not easy to see how much has been damaged. The ideal is to wait for two or three weeks, by which time the extent of the injury is apparent and the sheaths of the nerve have become slightly thickened and more easy to sew.

In order to avoid leaving the patient longer than is necessary in the hope of a "spontaneous" recovery it is necessary to know something of the rate of nervous regeneration. Unfortunately this is still by no means certain in man; the fine tips of the fibres grow quite rapidly, probably 4-5 mm/day, at least after axonotmesis. After they have arrived at the end organ, however, there is a further period of waiting until they have matured, before functioning can begin. It is not clear, therefore, exactly what is meant by the "rate" of regeneration. However we shall not be wrong to assume that the power of function should advance down the nerve after axonotmesis at a rate not less than 1 mm/day. Knowing the position of the injury and of the nearest muscle to it we can therefore calculate the time at which recovery should appear, assuming that the nerve has not been severed. It should be the principle of the nerve surgeon not to leave the patient longer than this expected time since further delay will reduce both the morale of the patient and the power of his tissues to recover.

THE CLICHÉ EXPERT LOOKS AT MEDICINE

by ALAN TOIS

Q.—Ah, Mr. Arbuthnot, is it not? I do hope you had an enjoyable crossing in the Queen Elizabeth?

A.—Most pleasant, thank you.

Q.—Now, Mr. Arbuthnot, I want to ask you all about Medicine. To start with, what would you say Medicine is?

A.—Medicine is an Art and a Science. It is a calling. It is the noble profession of.

Q.—How nice of you. And what are doctors?

A.—Born, not made. Either brilliant young, or eminent.

Q.—And what are all specialists?

A.—Harley-street.

Q.—Quite so. In which hospitals do they practise?

A.—The Great London Hospitals.

Q.—Whose names——

A.—Are renowned all over the world. They are supported entirely by——

Q.—Voluntary Contributions. Correct, Mr. Arbuthnot. Where else do they practise?

A.—In their palatial consulting rooms.

Q.—And their fees?

A.—Are fabulous.

Q.—Of course. What are G.P.s?

A.—Over-worked, harassed, respectable, the core of the profession. Either Genial Old Country, or Well-Known Town.

Q.—What does a successful G.P. need?

A.—A bald head to give an air of wisdom, a paunch to give an air of prosperity, and piles to give an expression of anxiety.

Q.—Excellent. What are nurses dressed like?

A.—Women. They are angels dressed like women.

Q.—What do they do?

A.—They lay cool hands on fevered brows.

Q.—And what else?

A.—They marry the doctors.

Q.—Well—er, yes. Now, what looking are physicians?

A.—Grave.

Q.—And what are surgeons?

A.—Steely-eyed. Steel-nerved. Steel-wristed.

Q.—No wonder the sparks fly sometimes, ha ha, and what sort of knife does a surgeon use?

A.—The healing knife.

Q.—What are all operations?

A.—Dangerous.

Q.—Right there, Mr. Arbuthnot. How are they done?

A.—They are brilliantly performed.

Q.—Where's the patient's life?

A.—In the balance.

Q.—But what sort of recovery does he make?

A.—Uneventful.

Q.—Where else are operations performed?

A.—In lonely game-keeper's cottages. By the light of guttering candles. On the kitchen table.

Q.—The *kitchen* table, Mr. Arbuthnot?

A.—Invariably the kitchen table.

Q.—Now, what will the coming National Health Service interfere with?

A.—The doctor-patient relationship.

Q.—Yes. And what will doctors become?

A.—Civil Servants. Cogs in the machine. Slaves of the State. Starved of initiative. Bureaucrats. Ruined.

Q.—I agree. Tell me, now, what is the mystery about students?

A.—Where the awful ones go to and the nice doctors come from.

Q.—And what do students beat?

A.—The books. The bottle. Their rivals in the Hospitals' rugger cup.

Q.—But they have to attend their courses—

A.—Diligently.

Q.—Just the word. How do they cope with the fuel shortage?

A.—They burn the midnight oil. But as for the nurses, the lamp still——

Q.—Quite, quite. When does a man cease being a student?

A.—Never. A doctor is a perpetual student. Every day he learns something new.

Q.—Perfectly right. Now let's cut the fooling, Mr. Arbuthnot. You know plenty about Medicine really, I know. For instance, I bet you could even tell me what the best treatment is.

A.—Rest in bed.

Q.—Correct. And what do you examine?

A.—The whole patient.

Q.—What do you make?

A.—One diagnosis.

Q.—What do you treat?

A.—The patient, not the disease.

Q.—If you can't make up your mind, what do you wait for?

A.—Further investigations.

Q.—And what do you look for?

A.—Septic foci.
Q.—Quite correct. That means——
A.—Surgical interference.
Q.—A few quick surgical questions now—I think you'll have no difficulty with these. How would you define a lump?
A.—Exactly.
Q.—Who heals wounds?
A.—Nature.
Q.—Where there is pus——?
A.—Too easy.
Q.—What is a night of Venus followed by?
A.—A life-time of Mercury.
Q.—And what would you open?
A.—An undiagnosed acute abdomen. A fluctuant boil. The bowels, regularly.
Q.—This brings us to midwifery. Where do A.P.H.s occur?
A.—On the Scottish moors, in the desert, in tents at Epsom Downs on Derby Day.
Q. And P.P.H.s?
A.—In garrats. On desert islands. On the top of Snowden.
Q.—But what must you have in your pocket?
A.—2d.
Q.—For——?
A.—The phone.
Q.—And the midwife?
A.—Is hysterical.
Q.—Great! We might almost have been to the same rounds mightn't we? On these occasions what do you arrive in?
A.—Your bicycle.
Q.—Er—well—not strictly . . .
A.—The nick of time.
Q.—Congratulations. Well, thank you, Mr. Arbuthnot. Just a word about our own hospital——
A.—The Mother Hospital of the Empire—
Q.—Yes, of course——
A.—The only hospital in the City——
Q.—True, true——
A.—And endowed with traditions—great, proud, noble——
Q.—This is almost embarrassing, Mr. Arbuthnot. As I see it's just on midday, I suggest we go and——
A.—See the Vicar?
Q.—Exactly.
A.—A pleasure and an honour, Mr. Tois, to have a drink right here inside the noble walls of the world-famous Guy's Hospital.

Mr. Arbuthnot appears without the kind permission of Mr. Frank Sullivan.

RHEUMATISM

PEEL OFF THE HUSK AND CRACK THE NUT

by G. D. KERSLEY

In the last decade the attitude of the medical profession to chronic rheumatic disease has altered—but it must alter even more. When, fifteen years ago, I told my chief I was leaving Bart.'s, and was interesting myself in "rheumatism," he told me I was "prostituting my soul for filthy lucre." For once he was wrong. To-day, some of the best brains in the country are studying the subject and the small Scientific Advisory Committee of the Empire Rheumatism Council includes in its personnel a Peer of the Realm and two august Professors of Medicine. Regional schemes for treatment are being formulated in three centres, a hospital devoted to rheumatic disease is being linked to a University Medical School and at least five Research Fellowships are available for the study of the rheumatism problem. But still we leave much to be desired with regard to medical education in this subject.

Many postgraduate courses are being organised, but the Professorial Hierarchy governing Undergraduate Education is almost as difficult a nut to crack as is the rheumatic syndrome itself. One excuse given is that we cannot teach what we do not know and the other, that the curriculum is already over-loaded. The answer to the first is that we should teach the little we do know, being honest about our ignorance, and to the second, that as a third of the patients we shall see when we leave the enclosing walls of hospital, come under the differential diagnosis of "rheumatism," we must find time for adequate teaching at the expense of rareties. When I took the membership, I should have been delighted with a question on Cushing's syndrome, but would have paled at the thought of one on fibrositis, rheumatoid arthritis or ankylosing spondylitis.

What are the "rheumatic diseases," — I would prefer to term them "rheumatic syndromes"? They might be defined as patho-

logical changes in the mesodermal tissues of unknown ætiology. Seventy per cent. of such cases can be classified into reasonably clear-cut syndromes, such as osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, fibrositis, gout, etc. Each of these syndromes has guiding principles in regard to treatment and, though by definition we do not know the exact cause of any of them, we do know some of the ætiological factors that most frequently play a part. So far so good, but what of the remaining 30 per cent., who show signs and symptoms linking these syndromes together. And what of those cases of known ætiology which exactly resemble some of the rheumatic syndromes, except that in such we know a specific organism to be responsible? How can we deal with this chaotic situation?

Firstly, every doctor must realise the position and know what is known about the subject; it is only by undergraduate teaching that this can be accomplished. One university has established the principle that at least one whole day shall be spent by every medical student at a hospital, specialising in rheumatic disease and a short course is to be run by medical students at the Peto Place Rheumatism Clinic, Regents Park, under the aegis of the Empire Rheumatism Council. These are good omens for the future.

Secondly, clinicians must tear away at the husk, peeling off conditions formerly diagnosed as rheumatic by establishing specific ætiologies and finally guiding the tongs of the research workers in the cracking of the kernel. The specialist in rheumatism, if such exists, for he must above all be a general physician, must spend his time demolishing his speciality. To do this, he cannot work alone; he must guide a team consisting of the orthopædic surgeon, the pathologist, the radiologist and the specialist in physical medicine, and together we hope they will hasten the day when all things are made clear.

CONGESTION

This was the title of this month's Evelyn Tent article. But just before going to press we discovered that much of what the article was airing no longer had any basis. In it Evelyn Tent complained about the avoidable overcrowding of students at some stages of the clinical course. The following note given us by the Dean explains the new arrangement, which admittedly does not affect the periodic "congestion" at present suffered by those undergoing their clinical appointments. It is for their successors and the present Introductory Course to benefit from the change.

The new arrangement of an entry into the clinical period of the medical course taking place twice a year in October and April, instead of four times a year, is now in force. In consequence the Introductory Course will be held from October to December, and again from April to June. Approximately sixty students will join each Introductory Course. After this first three months of their clinical curriculum the appointments will be held in pairs, as for instance first time clerking and first time dressing, surgical out-patients and medical out-patients. Thus, after the Introductory Course, in order to avoid the uneven numbers in each quarter arising from a four time a year clinical entry, students doing their clinical work will be divided into two groups; one will do their clerking and the other their dressing, and in the next three months the appointments will be reversed. This will continue all through the course up to the last revision period of three months, when the entry will again be reunited into one group.

The following is by Evelyn Tent and replaces this month's article:

Black should be worn
By the British, for have you not heard
How in these terrible days we mourn
The death of a word?

Gusto is gone
From our tongue. In the strife and the fuss
Of the fight for grey principle Gusto passed on
From our language and us.

Temper is chilled.
In the cold light of reason survives
Aught of the fury of living that filled
Our ancestors' lives?

Idiots! Why
Should we cancel the creeds that have grown
With the growth and the learning of ages and try
To establish our own?

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APPRECIATION

SIR WALTER LANGDON-BROWN

To write an appreciation of a man with whom I was so closely associated for many years as I was with Langdon-Brown is not easy. I was, in a sense, too near to him during all that time of friendly rivalry to realise his outstanding merits. It was only when we met less often that I began to see how great he really was. But during the time of our daily contact I quickly learnt to esteem L.-B. for his loyalty to those about him and his devotion to his job, whilst I envied him the splendid use he had made of his university training. He never protruded his scholarship and often expressed his dislike of those who did. When a physician and a demonstrator of morbid anatomy, both graduates of a sister university, used the blackboard of the P.M. room on which to write amateur verses in Latin to each other, Curly's grunting comment was: "Smells of the midnight oil."

Langdon-Brown was massive in his body but, unlike his Johnsonian prototype, the expression of his mind was not rough-hewn nor ponderous, but rather delicate and fine. It was like his gait, which was short-stepping and quick, with body bent forward—curiously anticipating the distressing disease which much later afflicted him. A good observer would not call Langdon Brown fat; but the mistake was made, much to his horror, by a lady who once consulted him. After the usual greetings, and being seated, the physician enquired as to the nature of the patient's complaint, whereupon the lady burst into laughter. When she recovered she apologised and was about to begin her story, only to start again what seemed to the consultant an uncontrollable hysterical giggle. "May I share the joke?" asked Langdon-Brown. "Well, you see," said the patient, "I came to consult you about obesity." There is another consulting room story worth recording; it illustrates the lack of awareness which was some-

times apparent in Langdon-Brown as also the relentless logic of his mind when this was really roused. L-B was fond of cats and one day, when a psychasthenic patient came to see him, the cat showed that tiresome feline indecision as to whether it wanted to remain in the room or go outside. It went to the door and mewed. Curly rose automatically and let it out, continuing his questionnaire with the patient meanwhile. He was just seated when the cat mewed to be let in. Curly rose again, still talking, and let the cat in. When the sequence was repeated the patient became resentful and asked if it were his case or the cat's to which the great consultant was going to attend. "Both," said Curly, "you've both got the same disease."

Tribute has been paid—but not at all excessive—to the very considerable value attaching to Langdon-Brown's contributions in the sphere of endocrinology and psychological medicine. These were the direct and logical outcome of his early devotion to, and teaching of, physiology. It was interesting to watch the gradual transition through which his well trained and equally well stored mind passed, from the more easily documented facts relating to the circulatory, digestive and other basic "systems" to the more complex and tentative study of hormone activity, and finally to the ambitious and sometimes almost vertiginous contemplation of the problems of human personality. Interesting to watch but also a privilege to be able to watch, for here was a master mind at work, taking the van of medicine a stage further on by his power of synthesis and clear thinking. Langdon-Brown's genius for interpretation of the growing list of phenomena in these two last named fields made him a fascinating lecturer and essayist. "*Thus we are men*" succeeds in making obscure things plain by virtue of the exercise of a gift for clear expression married to a deep fund of special knowledge. It is Langdon-Brown at his latest and best.

HORDER.

I suppose every right-minded medical man regards some one or two of all his teachers as his real fathers or godfathers in medicine and I am sure that many of my own and of succeeding generations must so regard Walter Langdon-Brown.

I myself encountered him first about 1911 or 1912, in an ill-judged and vain attempt to pass "the Primary," as a teacher not of medicine but of physiology. He and Hinds Howell divided the subject between them and to L.-B., if memory serves, fell the alimentary tract with the autonomic nervous system controlling its movements, metabolism, the endocrine, and, I think, the circulation.

Two immense forces—the inexorable increase of knowledge and the spirit of the age have together decreed that medical students shall no longer learn even their more advanced physiology from physicians. Doubtless there is some gain but there is great loss. The physiology we learnt from our two teachers was physiology—not medicine, science—not applied science and it was indubitably up to date; but they could see, if we could not, how it might help and whither lead the student, the qualified practitioner. The very art and science of medicine, and beyond doubt the emphasis and accent of their teaching was determined by this vision, which no pure physiologist could share. For the teacher himself the benefit was perhaps still greater. It is hard to imagine that Langdon-Brown could in any case have failed to refresh and enrich his physician's mind at the springs of physiology, but there is nothing like teaching for compelling one to learn and he himself would express his debt to this self-imposed intellectual discipline. For the hospital it is an obvious gain to have on its staff at least one physician who not only remembers his physiology but is constantly relearning and revising it.

All who have read his many papers and lectures, covering whole provinces of medicine, must have observed how constantly his knowledge of advancing physiology informed his penetrating and enlightening thought.

To his understanding of physiology he linked an almost equal knowledge and appreciation of psychology and performed the rare feat of driving the two in double harness, analysing at once the emotional conflicts in the patient's mind and the neurochemical machinery which transmutes them into symptoms.

But for one whose mind has been pricked into activity by his more recondite writings there must be twenty sometime students of Bart.'s who will remember with gratitude and affection L.-B.'s "tutorial classes." They were held in the late afternoon. Perhaps they occurred in the summer but in my memory they happen, more becomingly, in the autumn and winter. You can sit on the front benches if you want to stand up to an occasional question, further back if you are too lazy or too shy. L.-B.

appears, punctual, impressively large, modest, almost as if a little shy himself, with a slight attractive hesitation in his speech and a suspicion of short-windedness suited to his girth. He speaks quietly and simply, with humour but without the intrusive joke. His task is the systematic exposition of simple clinical medicine and he does not depart from it—this is no occasion for airing theories; but as a man who knows his own library backwards will reach down a book and find chapter and verse in an instant, so L.-B. can bring down from the well stocked shelves of his tenacious memory precisely the case-sheet to illustrate the point he is making and to fix some lesson in the student's mind. "I remember being called to see a medical man who . . ." might be the gambit, and there followed a little story, not over-dramatic, not of some *Lusus Naturæ* or miracle of diagnosis or therapy but of a specific instance of the disease under discussion, its symptoms, signs diagnosis and treatment. This sounds commonplace enough, but it was not.

The cases recounted to us came, and were told as coming from his own practice, yet I am certain that none of us could feel in the least degree that our teacher was advertising or exalting himself. The patient, not the doctor, was the centre of the picture, yet the patient was not a "case" but a real, solid and suffering fellow man or woman, seen in his own house by a doctor summoned to help him. What we were privileged to see was not the Great Detective, the wonder-working consultant at his task, nor yet the diagnostic and therapeutic procedures of the clinic and the ward, with which, after all, we were familiar enough; we saw, as on the screen, but more convincingly, a glimpse of practice—a thoughtful, experienced, observant doctor confronted by a clinical problem, employing his senses, his wits, his imagination and his humanity in its solution—practising the Hippocratic Art. It was a very inspiring picture.

In the casualty and out-patient departments, in the wards, in his own consulting room—a very attractive one, opening onto a little paved garden with a statue—and at the bedsides of patients, he exemplified his own teaching, combining humanity, philosophy, science and clinical art in a very rare degree to the great benefit of the many who sought his help. He was endowed with a faultless memory—capacious, retentive and instantly accessible, if that is the word, to its possessor—it could store names, faces and places, relationships, clinical facts, written and spoken words—complete with reference—and hand out any one on demand, a marvellous possession for a practitioner of any kind, perhaps most of all for a consultant. It seemed he might almost have practised without notes, though in fact he made and kept very good ones. Disorder of function rather than of structure, the constitutional, the psychosomatic disease, the ailments of the whole rather than the part, were his special field in medicine but he despised and belittled nothing clinical and would have given excellent advice about a septic finger.

Specialisation, "team work," division and subdivision of diagnostic and therapeutic labour invade the province of the general physician; the clinic, we are told, is to replace the consulting room; increase of knowledge and multiplication of techniques so overload the medical curriculum that its weight crushes and almost obliterates the substratum of learning and culture which should support it. In Walter Langdon-Brown we may have seen and known one of the last of his kind—a man of wide reading and culture, at once scientist, humanist and artist, professing and practising medicine in full range and full independence.

If so the late example of the type was a fine one. His generation, school, university and hospital can be proud of their share in the making and storing of his mind; the clinical methods he employed and the professional traditions he followed stand justified in his practice.

L. W. B.

SPORTS CALENDAR

December.

Wed.	4.—Soc.	v. Guy's Hospital		H
Sat.	7.—Rug.	v. Cross Keys		H
	Soc.	v. Bristol University ...		A
	Hoc.	v. Polytechnic		A
Wed.	11.—Soc.	v. Royal Naval College, Greenwich		A
Sat.	14.—Rug.	v. Cheltenham		H
	Soc.	v. Old Aldenhamians ...		H
	Hoc.	v. Ex-Bart.'s XI ...		H
Wed.	18.—Soc.	v. Met. Police (Peckham)		H
Fri.	20.—Hoc.	v. Leeds University ...		H
Sat.	21.—Rug.	v. Newbridge		H

ABERNETHIAN SOCIETY

There will be a meeting of the Abernethian Society at 5.30 on Thursday, January 16th, when Dr. John McMichael, Reader in Medicine at the British Postgraduate Medical School, will address the Society on "Heart Failure."

MUSIC CLUB

The Music Club has now been reformed with W. Fairbank as secretary. A choir and an orchestra have been started, and anyone wishing to join these should see the secretary. It is hoped that anyone able to sing or play an instrument will join and thus support the club.

MIDWIFERY IN DUBLIN

or WHAT'S IN A NAME?

by F. M. SHATTOCK

Now that peace has broken out in this country medical students may once more do their "Midder" at the Rotunda. This article is designed to inform them of the conditions there.

Dublin itself has many attractions for its visitors. There is abundant food—at a price—and cigarettes at half the usual cost, whilst on the alcoholic side: good sherry and burgundy cost 7/-, sauterne 5/- and champagne 22/6 a bottle. It is rash to promise to send anything home from this land of plenty as nothing can be sent out of the country and the contents of all parcels have to be declared. Silk stockings can be sent out wrapped as newspapers if one is prepared to buy them at 22/6 a pair. Clothing coupons cost 6d. each or £1 for a book of 78 but any student of the Rotunda would be exceedingly foolish to buy them as they are always given to him on the district. By the time they are in need of our tender ministration, good Dublin mothers have usually had some 20 children,. and as they say: of what use are 78 x 20 coupons to them?[1] Clothes are, however, very expensive and not of good quality.

One misses the "News of the World." This paper, the "Sunday Pictorial," "Lilliput," "Men Only" and a number of other papers and journals, are banned in the Free State. Until last year there was even a censorship of medical textbooks. Dr. Wilfred Shaw's "Textbook of Gynæcology" was on the black list and no student could obtain it. When it was eventually released the chapter on contraception had been torn from every copy.

The Rotunda itself has 174 beds—111 maternity, 32 gynæcological and 31 in the infants' department. In '44-'45 1,602 cases were delivered on the district, 4,033 were delivered in the hospital and 3,375 patients visited the ante-natal department.

The student must be prepared to pay a tuition fee of £6 6s. and £2 9s. per week for accommodation. The fare to Dublin is about £4. Most of his money will go on food. That provided at the hospital is good but inadequate and most nights find the students and post-graduates scattered throughout the restaurants of Dublin, supplementing the Rotunda meals.

The next item of expenditure is the gathering of one's obstetric kit. One has to provide everything—artery forceps, rubber gloves, apron, umbilical thread and even one's own swabs and silver nitrate. On the district the student is not allowed to give any injections—such as ergometrine. He is, however, allowed to administer orally the tablets of ergot which he is expected to purchase at his own expense from the hospital. Thus the district is no cheap affair and even if one does not complain at the price one should disagree with the principle involved.

On arrival at the Rotunda the student will have to watch two cases being delivered and later deliver a couple himself, to learn the Rotunda methods. After this he is faced with a viva from the clinical clerk. In this his knowledge of midwifery will be assessed and also his knowledge of how to conduct himself on the district, when to return to the Rotunda for help, and when to phone for help. This is of importance as the student is alone on the district without the aid of a qualified midwife.

He is then allotted to a group of not more than four students. All the members of a group attend district cases together and each is signed up for every case which his group attends. Groups tend to be smaller in winter than in summer. All cases on the district have to be visited daily by the student who delivered them for the first ten days after birth. Students are also called out to abortions. These occur in Dublin with a frequency of one in five live births. Provided that the abortion is complete the students are credited with the case.

Whilst on the district one can also deliver cases in the wards. The hospital is fitted with a complicated system of bells and buzzers which ring throughout the building. Two bells mean a normal case. When these ring there is a rush for the ward as the first student to arrive does the delivery. One bell indicates an abnormal case and the students and post-graduates are supposed to go to the labour ward to watch. The labour ward itself is somewhat barbaric but is the best that can be managed in view of the nursing shortage. In it there are five beds separated only by linen curtains and as many as five deliveries may be going on at once. This has a bad psychological effect as one nervous multip can completely upset four primips who may be doing

[1] *The Editor refuses to vouch for the accuracy of figures regarding the high parity of Dublin women.*

their best to accept childbirth as a normal physiological function.

From the student's point of view the teaching could be vastly improved. Every day there is a lecture for half-an-hour and every afternoon there is an ante-natal clinic from 4.30-5.30. In some ways the students are allowed a great deal of responsibility. Should the child require resuscitation they have to carry it out and the clinical clerk only visits the mothers at the student's request. On the other hand students are not allowed to do any suturing nor are they supposed to administer the open ether which is frequently used in the labour ward.

Most of the nurses at the Rotunda advise against going there to learn midwifery. Nurses trained in general work no longer have to pay for their midwifery training, but they still remain unsalaried. Nurses who are not trained in general branches have to pay £40 to do midwifery training at the Rotunda. The food in the nurses' home is considered very bad and there is supposed to be very little teaching. The day staff come on duty at 7.30 a.m. and leave at 9 p.m. During the day they are allowed 2-3 hours off duty. If they are not in the labour ward they have to look after about eight mothers and their children. This figure depends on the size of the ward. The nurses under training are allowed half a day per week off duty and the staff nurses are allowed one day per month.

If the Rotunda fails it is because it tries to do too much. It has a threefold job: the teaching of students, post-graduates and nurses. Thus one section is deprived of various functions in order to give another section something to do—hence post-graduates are called to do suturing on the district, and the post-graduate on duty has to do all the required daily blood-pressures. The solution, which would never be acceptable, would be for one of the three Dublin lying-in hospitals (the Rotunda, the Coombe and the National) to be used solely for the teaching of post-graduates and another for the teaching of students. The special needs of each could then be considered.

IN OUR LIBRARY—VII.
WRITINGS ON ANÆSTHESIA*

by JOHN L. THORNTON, *Librarian*

The centenary of anæsthesia is being celebrated by exhibitions at the Wellcome Historical Medical Museum, at the Royal College of Surgeons, and elsewhere, while the periodical press has marked the occasion by the publication of special anæsthesia numbers (*British Medical Journal,* Oct. 12, 1946; *British Medical Bulletin,* Vol. 4, No. 2, 1946; *Post-Graduate Medical Journal,* October, 1946). It is suggested that a brief review of historical material on anæsthesia contained in the Library might prove of interest.

Early this year E. S. Ellis, a Bart.'s man, published *Ancient anodynes,* and a further contribution to the subject has recently been acquired. This is *The History of surgical anesthesia,* 1945, by Thomas E. Keys, containing numerous references, and a chronology of events relating to anesthesiology and allied subjects (pp. 103-118). This begins at the year 4004 B.C., with the birth of Eve, and contains the names of many claimants to the title of discoverer of anæsthesia. Henry Hill Hickman, Crawford Williamson Long, Horace Wells and William T. G. Morton each made contributions, which are dealt with more fully by Keys, and in the two special numbers mentioned above.

Sir James Young Simpson first used ether in his obstetric practice in January, 1847, and on searching for a substitute eventually used chloroform. He wrote many papers on the subject, of which we possess *Notes on the inhalation of sulphuric ether in the practice of midwifery,* 1847. This is the copy sent by Simpson to Matthews Duncan, who was in Paris, and a note on the reverse of the title-page signed by J. Y. Simpson suggests that Duncan should translate "the pith of these notes for one of the French journals." We also house the following by Simpson: *Account of a new anæsthetic agent as a substitute for sulphuric ether in surgery and midwifery,* 1847; *Answer to the religious objections advanced against the employment of anæsthetic agents in midwifery and surgery,* 1847; *Remarks on the superinduction of anæsthesia in natural and morbid parturition: with cases illustrative of the use and effects of chloroform in obstetric practice,* 1847; and *Anæsthesic midwifery: report on its early history and progress,* 1848.

The following two tracts from America are of interest, the first being by the surgeon who on October 17, 1846, removed a tumour from the arm of a woman under the influence of sulphuric ether. The nature of the anæsthetic was unknown to the operator, Morton being the anæsthetist. George Hayward, the surgeon,

* All the books and articles mentioned by title in this note are available in the Library.

entitled his paper *Remarks on the comparative value of the different anæsthetic agents,* Boston, 1850. Edward Warren was legal agent to Morton, who wished to take out a patent for his discovery, and to support Morton's claim Warren collected together numerous letters and excerpts from periodicals, which he published as *Some account of the letheon:or, who is the discoverer? . . . Third edition.—Revised and enlarged,* Boston, 1847. This is the edition we possess, there being five issues altogether, of which ours is the second issue of the third edition. Keys (p. 183) records not more than twelve copies of any of the issues.

A pamphlet emanating from Bart.'s was published in 1847 as *A description of an apparatus for the inhalation of ether vapour; with some remarks on its use,* by S. J. Tracy. Our copy is signed "Dr. Roupell with the author's respectful compliments," and the preface is dated, St. Bartholomew's Hospital, March 25, 1847. The author states that on hearing from America that ether vapour had been used to produce insensibility to pain during the extraction of teeth, Mr. Skey asked him to repeat the experiment. Daniel Ferguson, instrument maker to the Hospital, supplied a common vapour-inhaler for the purpose. Tracy mentions that he had used it for the extraction of teeth from 500 patients, and that all major operations were conducted under the anæsthetic.

When John Snow (1813-1858) administered chloroform to Queen Victoria in 1853 at the birth of Prince Leopold he did much to remove prejudice against the use of anæsthetics in midwifery. Snow, who is also prominently associated with work on cholera, gave ether at St. George's Hospital and at University College, and in 1847 wrote a book on the subject, but it was superseded by the introduction of chloroform in the following year. He did not live to see the publication of his classic *On chloroform and other anæsthetics: their action and administration. Edited, with a memoir of the author by Benjamin W. Richardson,* 1858, which has become rare.

In Keys' chronology the following books are recorded, all of which we possess: M. D. Nosworthy, *Theory and practice of anæsthesia,* 1935; Arthur E. Guedel, *Inhalation anesthesia,* New York, 1937; Noel A. Gillespie, *Endotracheal anæsthesia,* Wisconsin, 1941; and R. Charles Adams, *Intravenous anesthesia,* New York and London (1944). He also notes under the year 1932 the first edition of C. Langton Hewer's *Recent advances in anæsthesia and analgesia,* the fifth edition of which has been reprinted this year. Bart.'s men are further represented in the Athenæ Collection by H. E. G. Boyle's *Practical anæsthetics,* 1907 (2nd ed., 1911), Charles F. Hadfield's *Practical anæsthetics for the student and general practitioner,* 1923, and by Richard Gill's *The $CHCl_3$ Problem* (2 vols, 1906).

ARE YOU KIDDING?

by CHAKE

Contrary to the general belief there is a very small number of Yogi in India, and of these, the majority practise their cult in the more remote hills, far from prying European eyes. Indeed India was never the centre of Yoga, but in the mountainous, and so-called-uncivilised areas of Burma, the cult flourished. The coming of Japanese aggression in Burma caused many Yogi to descend from the hills, and flee westwards for their lives, leaving behind them most of their scanty possessions. As they travelled to the West they avoided the more populated areas, for they are essentially of a retiring disposition; and so only a few British soldiers were privileged to meet these masters of applied physiology. I belong to this fortunate number.

At this time I was in command of eight men on an ack-ack post, near the sea, in Burma. One morning our eleven o'clock tea was interrupted by the appearance of a very Methuselah of a man, coming towards us. He was walking with the aid of a stick and looked almost overwhelmed by fatigue. Using my smattering of Burmese, I asked him to stop and have some tea. Somewhat to my surprise he replied, in a faultless Cambridge accent, that he would be delighted to do so. It was obvious he had noticed my confusion, and having rested a few minutes he continued, "When I was up at one of your 'Varsities I studied philosophy, and decided to take up Yoga. Much obliged for the tea, old man, and before I leave you I should like to repay you in some way. Anything I can do for you?"

I hesitated for a moment, then taking my courage in both hands, asked him to perform the Indian Rope Trick, as I had always wished to see it. He smiled sourly and added he would do it for one hundred rupees. I could not afford this, so the Yogi said he would perform a small feat for us, without charge. Then he fell to the ground and started writhing, shuddering, twisting and foaming at the mouth as if in

torture. It was a terrible sight; his face became a mask of evil, and evil could be felt emanating from him. Suddenly, as if all the wickedness had left his body, it relaxed, his face became peaceful, the expression one of pure beauty, and before our very eyes he rose vertically in the air, to a height of four feet!

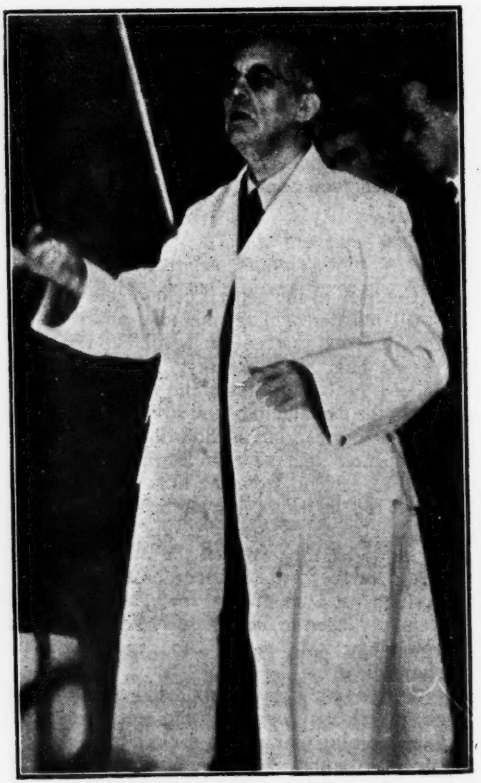
We stood gaping for a few minutes until someone broke the spell by laughing. Then I approached and spoke to the Yogi, who, being deep in a trance, did not reply. I thought it a good joke to raise him a little higher in the air, so he would bump on coming down, but when we tried to lift him he would not move. We tried to push him down, but the nine of us could not stir him, and his flesh had become so hard that it could not be pinched. It was not until he was accidentally pushed on the feet that we discovered he could be moved horizontally. Then we formed a ring and passed him to each other, as if at a Rugby practice, until we tired of it. We returned him to his original position, dusted the footprints off where we had jumped up and down on him, and waited. A few minutes later the Yogi sank to the ground and emerged from the trance.

As we waited I thought of a most ingenious plan. Our gunsite was on one hill, with the stores and camp on another; whilst in the valley between the hills ran a small river on its way to the sea, which lay a few miles to the South. The day before we had received a a delivery of fifty tons of ammunition, at the gunsite, and would have to work in the broiling heat until it was moved to the stores. My idea was to hire the Yogi for a few days, get him to elevate himself, load him with ammunition and push him to and fro across the valley until the task was completed.

The Yogi, being very pleased with my suggestion, said he would work during five days, eight hours a day, for a wage of one hundred rupees. The terms being agreed upon we parted, with expressions of goodwill, tho' we never expected to see him again.

Much to our surprise the Yogi appeared punctually at nine o'clock the following morning, and after telling us to return him to his original position at five to five in the afternoon, he went through his sickening performance and elevated himself. I then sent four men to each hill. At the gunsite we loaded the Yogi and gave him a strong push. He shot over the valley to the stores, where they stopped, unloaded and turned him round, then returned him to us. So we spent the day—load, push, stop, unload and return—until five o'clock, when the Yogi sank to the ground and emerged from the trance.

Time passed swiftly and our task, which might have taken so long, was practically finished at the end of four days. On the fifth day the Yogi appeared at the usual time and elevated himself. In two hours we had moved all the ammunition, and after performing a few odd jobs, and having given one of the men, a keen peace-time pilot, a glide across the valley, I got down to business. I told the men that the Government would probably refuse to pay the Yogi, and it was our responsibility to do so. However, on pooling our resources, we found we did not possess one hundred rupees between us, and so were placed in an extremely unpleasant position. It was not quite twelve o'clock when I had a second flash of inspiration. I stood up, walked over to the suspended Yogi, turned him South and pushed him with all my might in the direction of the sea. . . . The last we saw of him was a tiny speck rapidly vanishing over the horizon.



THE LAST ROUND.

REVIEWS

PSYCHOLOGICAL MEDICINE. By Desmond Curran, M.B., F.R.C.P., and Eric Guttmann, M.D., M.R.C.P. Second Edition. Pp. 246; illustrated. 10s. 6d. Edinburgh: E. and S. Livingstone, Ltd. 1945.

It goes without saying that the *ideal* text-book of psychiatry will never be written, in the same way as the ideal text-book of medicine (or, for that matter, any other subject) can never been written. Every text-book has its own special purpose to serve and can be criticised by persons who do not find their own particular needs fulfilled. The purpose of Curran's and Guttmann's "Psychological Medicine" is indicated in its sub-title, viz., "A Short Introduction to Psychiatry." A book of this kind, which is about as long as a medium-length novel, is intended for medical students and general practitioners rather than for specialists in psychiatry and neuropsychiatry. That that particular reading public appreciates the book is shown by the fact that it was originally published in April, 1943, reprinted in January, 1944, and the second edition appeared a year ago. This edition does not differ markedly from the first. To quote from the preface of the second edition: "The main alterations and additions will be found in the sections on constitutional factors and psychopathic personalities and in the chapters dealing with the affective and hysterical syndromes. A brief discussion of some of the problems of psychosomatic medicine has been appended. We considered it necessary to devote a chapter entirely to obsessional states and have also given more attention to modern physical methods of treatment."

The authors are to be congratulated on having resisted the temptation to expand their book beyond the dimensions originally intended for it. "Psychological Medicine" can be confidently recommended to the medical student preparing for his final examinations (and he should remember that questions of a psychiatric nature are likely to appear in examination papers with unfailing regularity); and he can comfort himself with the thought that he is likely to find the book very readable as well as informative.

I TALK OF DREAMS. By Kenneth Walker. Jonathan Cape, Ltd. Pp. 200. Price 10s. 6d.

The greatest difficulty in writing the usual sort of autobiography must lie in recalling the thoughts and attitudes of the past rather than the incidents which provoked them. Mr. Walker calls his book an experiment in autobiography because his professed intention is to write of the past in the full light of his present ideas. He adds another touch of novelty by describing his life up to the end of the first world war not as the life of one man but as the adventures of a group of characters, all of which he has identified within himself: Selons, the explorer, Knight-Paton, the crusader-missionary, Black Hawk, the Indian brave, the Personage, and the mysterious Intruder; each at different times takes command of the party.

An allegorical method such as this might have produced a book of some complexity, but, fortunately for many who will read this book as an adventure story, Mr. Walker never completes the task which he announces as his aim. As the tale progresses the band of adventurers is more and more frequently referred to as "I" and their function is reduced to that of a recurring idiom rather than a prime motif of the autobiography. This failure to carry through his original idea is symptomatic of the inconclusiveness of much of Mr. Walker's thought. He has evolved only an incomplete philosophy and the final stages of any puzzle are always the most difficult to solve. The blurb on the flyleaf lays stress on his remarks about being a passenger rather than a navigator throughout life. Yet Mr. Walker was unable to sustain his allegory. Circumstances and his uncontrollable inward companions may appear to dominate a part of his life, but the inner citadel of his personality is indispensable and undestroyed.

Fortunately this a many-sided book. The thoughtful passages are interesting but inconclusive. The documentary parts are excellent. All Bart.'s men will enjoy the author's account of his connections with the hospital, and everybody will enjoy the life-story of a man who has known people and places from Iceland to the North-West Frontier and has practised surgery in Buenos Aires and the French battlefields. Mr. Walker combines his philosophy and his story-telling with great skill. He is never offensively clever.

GRAY'S ANATOMY. 29th Edition. Edited by T. B. Johnston, C.B.E., M.D., and J. Whillis, M.D., M.S. Longmans, Green & Co., London. pp. 1,597. Illustrations 1,359. Price 70s.

It is with a sense of awe that one approaches the latest edition of one of the larger standard text-books. The latest *Gray*, which has come out four years after the last edition, is little fatter although it contains forty more pages. It does, however, cost ten more shillings.

Seventy shillings is a huge amount for any student to spend on one book. *Gray's Anatomy* is not a book to be read from cover to cover; its main use is as a work of reference: for instruction and for verfication. But in this rôle such a book is indispensable, and it is a help in the difficult process of assimilating anatomy for the student to have his own copy. The increased cost is therefore regrettable.

The usual tendency for a new edition of a text-book is towards expansion to keep pace with new knowledge (this is not always, of course, entirely appreciated by the student!). But at the same time the old text should be scrupulously examined with a view to finding a better manner of presentation. In a text-book of anatomy this is especially true of the illustrations. In this case nearly two hundred of the figures have been revised. In addition there are nine more X-ray plates. Notwithstanding these changes it is possible, however, still to find figures in which the old, and therefore to the present-day student muddling, terminology is used. Such is a diagram showing the distribution of the cutaneous nerves of the arm. No doubt these anachronisms will vanish with a still further edition.

The order of *Gray* has remained the same. The important fifty pages on surface anatomy are still at the end: it is a pity but inevitable that this should be so. It is in this section that a curious change in the text has taken place which is confirmed by cross reference—the centre of the deep inguinal ring has

shifted medially from above the midpoint of the line joining the anterior superior iliac spine to the pubic tubercle to above the midpoint of the line joining the A.S.I.S. to the pubic symphysis, that is in front of the external iliac artery. This would appear to go against the experience of surgery and previous descriptive anatomy which surely cannot have been wrong all these years.

The chief additions to the text are in the embryological and neurological sections—it is here that most of the recent advances have occurred. The rest of the text has been revised and much of it re-written.

It is good that text-books should be kept up to date—with *Gray* it must have been a great effort to have revised so many pages, and both the editors and the publishers are to be complimented. There must, indeed, have been a great temptation to let more time elapse before bringing out a new edition.

A WARD POCKET-BOOK FOR THE NURSE. By H. M. Gration, S.R.N., S.C.M., D.N.(Lond.). Faber. Price 3s. 6d.

This small book is just another of its kind, and the contents are to be found in many text books written for nurses.

It opens with diagrams of instruments and equipment, and these in varying sizes are often misleading.

It may, however, appeal to nurses with limited experience and probably be very helpful to junior nurses.

CORRESPONDENCE

PERSONAL

To the Editor, St. Bart.'s Journal.

Dear Sir,

You published an article in last month's issue of the Journal entitled "Personal," written by an author who astutely hides himself under the nom-de-plume of Evelyn Tent. This gentleman, probably misled by his zeal for stimulating interest in the Journal, has failed to take heed of the wise and kindly counsel offered him by Hogarth in the September issue, and has degraded the Journal by publishing cheap abuse of a too personal nature.

May I suggest that, to prevent the Journal becoming a "News of the Hospital," this column be banned and that articles of more general interest and higher standard, in which the last issue abounded, be inserted in its place?

I am,

Yours faithfully,

W. T. NEWMAN.

9th November, 1946. The Abernethian Room.

The Editor has allowed me the privilege of an immediate reply. There is no need to ban my column. When all these articles of more general interest and higher standard put in an appearance it will die a painless death and I shall be happy to go into dishonourable retirement. But may I suggest that it has been a good thing for us to descend from the lofty planes of impeccable taste where, unreadable and unread, the Journal has dwelt for so long? That has been the whole of my endeavour. I have laughed at the foibles of one or two acquaintances and I have stated my personal views in some matters of public interest. I have neither damaged the innocent nor indulged in the muck-raking of private affairs.

Under these conditions I am as much justified in publishing my opinions as is Mr. Newman in disagreeing with them.

E. T.

STYFLE OF ST. AUTOPSIA'S

The Editor, St. Bart.'s Journal.

Dear Sir,

I feel that I must tell you how pleased I was to read the article by Mr. Alan Tois in your November issue which mentioned my old chief, Gordon Styfle. How vividly I can yet remember my anæsthetic clerking when "Boosey" Styfle, as we all loved to call him, had but lately joined the House at St. Autopsia's. Mr. Tois' versatile pen has already told you much of Styfle's sound method and lovable idiosyncrasies. May I add to his evergreen memory one or two of my own recollections?

Styfle was always what we clerks called a "keen type." I well remember him perched on a trolley in the old theatre passage where he could see all (and everyone) that passed, assiduously reading his edition of "Pocket Medicine" by which, together with "Aids to Surgery," he always swore so heartily! His industry was rewarded and I can still recollect the jest with which he sold off his books when the hurdle was passed.

Even as I write many more scenes crowd back into my memory. His neat manipulation of the laryngoscope (to which Mr. Tois alluded) which was always based upon sound mechanical principles of leverage, his glorious intubations and the economy in anæsthetic vapours achieved in their execution, his phenol infiltrations before thyroidectomy and always his confident even nonchalant demeanour that was so conducive to confidence in his faithful clerks.

If there is one point upon which I would differ slightly from Mr. Tois it is in his casual mention that anæsthetists at St. Autopsia's did not "size up their patients the night before." This may have been true of some, but I think I am right in saying that Styfle seldom neglected his nightly ward-round. In fact it was one of his most endearing qualities that he never, neither inside nor outside the hospital precincts, neglected to make himself acquainted with the nursing staff, whatever their station, and once having made their acquaintance, to improve upon it whenever and wherever the opportunity presented itself.

Long may his memory remain and his deeds be repeated in song and story.

I remain, Sir,

Yours, etc.,

MAX HILARY.

Abernethian Room,

St. Bartholomew's Hospital.

November 6th, 1946.

ASSOCIATION FOOTBALL

BART.S FIRST VICTORY AT CHARTERHOUSE SCHOOL.

No dreary chronicle of the match itself can convey the satisfaction which we gained from our 4-2 win at Godalming. Here for the first time this season Bart.'s played as a team and played well. The Charterhouse side was well trained and supported with all the noise that a School XI can command. They were even told loudly at half-time that beer-swilling students were bound to crack beneath their onslaught. The author of this remark was sadly misled. In the second half their attack was repeatedly broken and their marking disorganised. For this we had especially to thank the tackling of Messrs. Amos, Batey and Cox.

The ground was looking its best against a backcloth of school buildings and the tree-colours of autumn. Charterhouse kicked-off and for the first five minutes had things very much their own way. Before we were well settled they scored. Thomas replied soon afterwards from a movement by Mangan and Whiteley, who was in fine form. Charterhouse scored again through a misunderstanding between backs and goalkeeper, but before half-time Goodrich carried the score to 2-2.

During the second half there was no doubt who was on top. Relieved of their responsibilities at our end the inside forwards were able to pay undivided attention to the attack. Well-combined efforts brought us a third goal and then a fourth. Further additions to our score were prevented only by exceptional goalkeeping from the opposition.

TEAM.—J. R. Watson; J. A. S. Amos, I. S. Batey; R. L. Osmont, A. C. Cox, A. N. H. Wright; G. C. Grassby, P. M. Goodrich, B. Thomas, M. K. Mangan (capt.), M. M. Whiteley.

Honours have been awarded to the following for the season, 1945-1946:—

C. G. Elliott, Dr. K. A. McCluskey, Dr. A. G. H. Murley, R. S. Pine. P. M. G.

CROSS COUNTRY

The first match of the season was held over the 4¾ miles course at Roehampton, against King's College and Hospital, Middlesex Hospital, Imperial College and University College, London, on Saturday, October 26th.

Rain during the morning had made the ground muddy—but the sun was shining for the start. After the first two miles the thirty-five runners had spread out with the Bart.'s team somewhere near the front of the pack. Keeping in a group, they maintained this position despite various attacks of "stitch," and with much puffing and blowing the end was at last sighted. The first five Bart.'s men were Dodson (5th), Burn (6th), Menon (7th), Matthews (8th) and Glanvill (11th). King's College and Hospital, who had gained the 2nd, 3rd and 4th places won the match with 32 points.

2nd.—Bart.'s ... ... 37 points.
3rd.—Imperial College ... 66 points.
4th.—Middlesex ... 92 points.
5th.—U.C.L. ... ... 98 points.

Special mention should be made of Dodson, who was making his first appearance for the Hospital, and Menon who turned out in spite of a bad cold.

F. Steinthall, G. E. Clulow and R. Zakon also ran for Bart.'s.

In conclusion, may I point out that the club is short of running equipment, and any gifts of spare running shoes, vests or coupons would be most welcome. J. I. B.

TABLE TENNIS CLUB

Fortunately the club was born sturdy, otherwise it could never have survived the vicissitudes of its first view months of existence. One might imagine a train of thought on these lines — for nearly a thousand years the Mother Hospital had flourished without the help of ping-pong, and there was no reason why things should be changed now! However, in all fairness, it must be said that the authorities were as obliging as circumstances permitted. Raised eyebrows and tolerant smiles gave way to material help, and conditions slowly improved. For instance, a much-needed increase in the grant enabled us to purchase a table conforming more to the requirements of the game than the old one. Then after many thwarted attempts we were permitted to leave the "Black Hole of St. B.H." and move into the relative luxury of the C.C.S. This is the second stage of the journey which will lead us eventually to permanent quarters in the gym. at Charterhouse Square. We even received a fillip from the poetical pen of Mr. Leslie, in last month's JOURNAL. But in this instance he remained polite, so we shall not retaliate!

To increase the financial balance, fifty-six people were persuaded to enter a Singles and Doubles Tournament, and at the same time to invest 1s. 6d. a head for the welfare of the club. When one looks at this sum in the light of a sausage and batter, semolina pudding and large coffee, it is realised what a great sacrifice was involved to subscribers. However, £4 was raised, thanks to everyone who helped.

Once established on a reasonable footing, it was decided to enter a team in each of the two London University Leagues. Whether this was a wise procedure remains to be seen. It was known, of course, that some L.U. clubs such as L.S.E. and Imperial College ran very strong teams even to the extent of national champions. Moreover, we lacked match experience and (in the past) proper conditions of practice. Our fears were fully justified after attending meetings of the combined L.U. clubs. They were keen as mustard, and it was evident that at least in London University Table-Tennis was taken seriously. Form-filling, literally in triplicate, reminded one of the present political trend in London University. Rules and regulations of such rigid nature had to be observed that one wondered if the aim was not to emulate the complexities of Parliamentary procedure. For example, it was laid down that the names of the 1st Team must be "registered." By this was meant that these players were under no circumstances to play for Team 2. Nor except under the most special conditions of hardship could anybody else play for Team 1. This confronted the Captain, Mr. Leach, with a task requiring the most tactful handling. He proceeded to choose his 1st Team and so far has escaped unscathed.

MATCH RESULTS.

v. Queen Mary College I, at Home, October 31st. Lost, 5 sets to 4.

1. *J. Leach* (capt.)—lost to D. A. Guyatt (2–0), to P. Ganendra (2–1), to F. H. Butler (2–0).
2. *W. B. Davies*—lost to D. A. Guyatt (2–1), beat P. Ganendra (2–1), beat F. H. Butler (2–0).
3. *J. Chesover*—lost to D. A. Guyatt (2–1), beat P. Ganendra (2–0), beat F. H. Butler (2–0).

v. L.S.E. II, at Home, November 5th. Lost, 7 sets to 2.

1. *M. Husainnee*—lost to R. Pender (2–1), beat H. Greatorex (2–0), lost to P. Fleming (2–0).
2. *J. St. John*—lost to R. Pender (2–0), beat H. Greatorex (2–0), lost to P. Fleming (2–1).
3. *R. Lindon*—lost to R. Pender (2–0), to H. Greatorex (2–1), to P. Fleming (2–0). P. N. G.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

GENERAL SECOND EXAMINATION FOR MEDICAL DEGREES, SEPTEMBER, 1946

Latham, J. W. Morgan, C. I. Rees, J. H. Tannen, G. P.
Thomas, D. H. C.

EXAMINATION FOR THE ACADEMIC POST GRADUATE DIPLOMA IN CLINICAL PATHOLOGY, OCTOBER, 1946

Gluckman, J.

ROYAL COLLEGE OF PHYSICIANS

M.R.C.P., OCTOBER, 1946

Cox, P. J. N. Donald, F. W. Harris-Jones, J. N. Terry, R. B.

CONJOINT BOARD

FIRST EXAMINATION, SEPTEMBER, 1946

Anatomy

Pelosi, M. A. A. M. Phillips, G. D.

Physiology

Deane, W. H. H. Phillips, G. D.
Pelosi, M. A. A. M.

Pharmacology

Burns, H. J. Mead, J. H.

Goodrich, P. M.
Lawrence, N.
Newman, W. T.
Shaerf, M. D.
Watson, J. R.
Davies, H. F.
Hearn, C. E. D.

Orr-Hughes, K.
Taylor, G. B.
Drake, P. H.
Juby, H. B.
Morgan, D. J. R.
Osmont, R. L.
Venn, P. H.

FINAL EXAMINATION, OCTOBER, 1946

Pathology

Adams, K. J.
Cooke, H. G. W.
Griffith, R. H.
Merory, P. H.
Peters, W.
Richards, D. H.
Thomas, D. P. P.
Bracewell, G. A.
Davy, P. H.
Jones-Morgan, C.
Moser, J. B.

Powell, F. J.
Rogers, D. J. H.
Tucker, D. K.
Bradford, D. C.
Edwards, D.
Lonsdale, D.
Osborn, T. W.
Rassim, F.
Smallwood, R. I. L.
Whittall, J. D.

Medicine

Atteridge, J. H.
Fox, R. H.
Hopper, P. K.
Wand, L. G. R.
Banks, P. J.
Griffith, R. H.

Merory, P. H.
Williamson, T. B.
Brierley, D. S. N.
Harrison, J. A. B.
Storey, B. H.

Surgery

Cheshire, D. J. E. Griffith, R. H.

Gourlay, N. G. O.
Pearson, F. A.
Cocks, R. A.

Weston, P. A. M.
Dixon, J. E. R.
King, R. C.

Midwifery

Bomonji, T. R.
Galbraith, H. J. B.
Hadfield, G. J.
McDonald, J. A.
Molesworth, P. R. H.
Peters, W.
Davy, P. H.
Glenister, T. W. A.

King, R. C.
Maitland, R. I.
Noon, C. F.
Dossetor, A. E.
Gourlay, N. G. O.
McCluskey, K. A.
Mehta, M. D.
Prankerd, T. A. J.

The following Students have completed the examinations for the Diplomas M.R.C.S., L.R.C.P.

Ballantyne, P. T.
Clarke, L. W.
Hadfield, G. J.
Storey, B. H.
Banks, P. J.
Cocks, R. A.

Hopper, P. K.
Wand, L. G. R.
Brierley, D. S. M.
Fox, R. H.
Molesworth, P. R. H.
Williamson, T. B.

L.M.S.S.A., OCTOBER, 1946

PRIMARY

Physiology

Donaldson, P. R.

APPOINTMENTS

HERVEY, W. A., F.R.C.S.(Ed.), Hon. Surgeon in charge Ear, Nose and Throat Department, Queen Mary's Hospital for the East End, Stratford, 9.

PABLOT, P. J., M.B., B.S., L.R.C.P., M.R.C.S., to the Colonial Service as a Medical Officer in Mauritius.

CHANGES OF ADDRESS

BARNSLEY, R. E., Major-General, to Officers' Mess, R.A.M.C. Depot, Redfields, Crookham, Hants. Tel.: Fleet 90.

O'CONNELL, J. E. A., to 47, Queen Anne Street, London, W.1. Tel.: Welbeck 1035.

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